Missouri Bureau of Vital Records

Hospital/Birth Certifier Training Guide

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Hospital/Birth Certifier Staff

In Missouri, hospital birth certificate clerks or other certifiers such as professional midwives are those responsible for collecting and submitting the necessary data elements for the completion of the birth certificate as required by state law. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as birth certificates, in Missouri.

Missouri Birth Record Registration and Filing Timeliness

A certificate of live birth for each birth occurring in Missouri must be filed within **five (5) days after the date of birth** (Section 193.085, RSMo) with the Missouri Department of Health and Senior Services by state law.

When a birth occurs in an institution or en route to an institution, the person in charge of the institution or such person's designated representative shall obtain the personal data, prepare the certificate, certify that the child was born alive at the place and time and on the date stated either by signature or an electronic process approved by the department, and file the certificate pursuant to this section or as otherwise directed by the state registrar. The physician or other person in attendance shall provide the medical information required by the certificate and certify to the facts of birth within five days after the birth. If the physician or other person in attendance does not certify to the facts of birth within the five-day period, the person in charge of the institution shall complete the certificate.

Live birth is defined by statute as the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. The definition is also irrespective of birth weight.

Live birth certificate data is used in estimating population, for evaluation of maternal and perinatal health, for the study of fertility patterns, and to assist public health officials in the conduct and evaluation of programs.

Training Resources

National Center for Health Statistics – Training and Instructional Materials
(https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm)

Missouri Electronic Vital Records (MoEVR) Training and Support
(https://health.mo.gov/data/vitalrecords/training/index.php)

Birth Certificate eLearning
(https://www.cdc.gov/nchs/training/BirthCertificateElearning/)

The Bureau of Vital Records strongly encourages new birth certifiers to take a specially designed one-hour online course before utilizing MoEVR. The course is available online at Applying Best Practices for Reporting Medical and Health Information on Birth Certificates. Clinical and non-clinical providers of medical/health information for the birth certificate or the report of fetal death will find considerable value in the course.

The National Center for Health Statistics (NCHS) at CDC, in partnership with the National Association for Public Health Statistics and Information Systems (NAPHSIS), and several individual jurisdictions designed the course.

The course:

- Explains the importance of reporting birth record and fetal death information
- Describes how birth registrars and clinicians can improve maternal and infant health data
- Identifies resources available to assist birth registrars and clinicians
- Tests what the individual learned about birth and fetal death registration

Missouri Hospital Data Quality Worksheets

The Bureau of Vital Records has developed Hospital Data Quality Worksheets to provide performance feedback to birth facilities and staff who register births. This two-page reports summarize the timeliness and completeness of selected birth registration items reported by a facility. Aggregate data for all birthing facilities in Missouri is presented for comparison. Facility births registered with missing data are compared to all births in the state and to the National Center Health Statistics quality threshold.

We encourage all birthing hospitals and facilities to utilize these worksheets to review and improve data collection quality. **To start receiving these worksheets, please call 573-751-6387, option 4**.

National Vital Statistics System

In the United States, the legal authority to register births lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share birth record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national natality statistics inform a variety of critical medical and health-related research efforts.

Why Go Electronic?

The benefits of being an electronically registered birth certifier in MoEVR include:

- Quickly electronically certify a birth certificate anywhere, anytime

- Real-time prompts, edits, and validations ensure record validity and reduces errors and registration issues
- Reduced registration lag times help ensure statutory compliance and decreased possibility of loss, theft, and fraud

Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4**.

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Definitions

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

(1) **"Advanced practice registered nurse"**, a person licensed to practice as an advanced practice registered nurse under chapter 335, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(2) **"Assistant physician"**, as such term is defined in section 334.036, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(3) **"Dead body"**, a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;

(4) **"Department"**, the department of health and senior services;

(5) **"Final disposition"**, the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus;

(6) **"Institution"**, any establishment, public or private, which provides inpatient or outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary care, or to which persons are committed by law;

(7) **"Live birth"**, the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;

(8) **"Physician"**, a person authorized or licensed to practice medicine or osteopathy pursuant to chapter 334;

(9) **"Physician assistant"**, a person licensed to practice as a physician assistant pursuant to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(10) **"Spontaneous fetal death"**, a noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;

(11) **"State registrar"**, state registrar of vital statistics of the state of Missouri;

(12) **"System of vital statistics"**, the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and publication of vital statistics;

(13) **"Vital records"**, certificates or reports of birth, death, marriage, dissolution of marriage and data related thereto;

(14) **"Vital statistics"**, the data derived from certificates and reports of birth, death, spontaneous fetal death, marriage, dissolution of marriage and related reports.

(L. 1984 S.B. 574, A.L. 2005 S.B. 74 & 49, A.L. 2015 H.B. 618, A.L. 2019 S.B. 514)

Birth Certificates

193.085. Contents, filing, locale, duties of certain persons, time allowed, attestation. —

1. A certificate of birth for each live birth which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after such birth and shall be registered if such certificate has been completed and filed pursuant to the provisions of this section.

2. When a birth occurs in an institution or en route to an institution, the person in charge of the institution or such person's designated representative shall obtain the personal data, prepare the certificate, certify that the child was born alive at the place and time and on the date stated either by signature or an electronic process approved by the department, and file the certificate pursuant to this section or as otherwise directed by the state registrar within the required five days. The physician or other person in attendance shall provide the medical information required by the certificate and certify to the facts of birth within five days after the birth. If the physician or other person in attendance does not certify to the facts of birth within the five-day period, the person in charge of the institution shall complete the certificate.

3. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:

(1) The physician in attendance at or immediately after the birth;

(2) Any other person in attendance at or immediately after the birth;

(3) The father, the mother, or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

4. When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and such place shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or

its air space and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the certificate shall show the actual place of birth insofar as can be determined.

5. If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband shall be entered on the certificate as the father of the child, unless:

(1) Paternity has been determined otherwise by a court of competent jurisdiction; or

(2) The mother executes an affidavit attesting that the husband is not the father and the putative father is the father, and the putative father executes an affidavit attesting that he is the father, and the husband executes an affidavit attesting that he is not the father. If such affidavits are executed, the putative father shall be shown as the father on the birth certificate and the signed acknowledgment of paternity shall be considered a legal finding of paternity. The affidavits shall be as provided for in section 193.215.

6. In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and surname of the child shall be entered on the certificate of birth pursuant to the finding and order of the court.

7. Notwithstanding any other law to the contrary, if a child is born to unmarried parents, the name of the father and other required information shall be entered on the certificate of birth only if an acknowledgment of paternity pursuant to section 193.215 is completed, or if paternity is determined by a court of competent jurisdiction or by an administrative order of the family support division.

8. If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.

9. The birth certificate of a child born to a married woman as a result of artificial insemination, with consent of her husband, shall be completed pursuant to the provisions of subsection 5 of this section.

10. Either of the parents of the child, or other informant, shall attest to the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within the required five days.

(L. 1984 S.B. 574, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49)

Paternity Affidavits

193.087. Voluntary acknowledgment of paternity — forms, contents — immunity for staff presenting form — training of hospital staff — intentional misidentification of parent, penalty — public assistance recipients, duty to cooperate. —

1. In addition to the requirements of subsection 2 of section 193.085, when a birth occurs to an unmarried mother, whether in an institution or en route to an institution, the person in charge of the institution or a designated representative shall:

(1) Provide a form or affidavit prescribed by the state registrar that may be completed by the child's mother and father to voluntarily acknowledge paternity of the child pursuant to section 193.215;

(2) File the form, when completed, along with the certificate required by this section; and

(3) Provide oral and written notice to the affiant required by section 193.215.

2. Any institution, the person in charge or a designated representative shall be immune from civil or criminal liability for providing the form or affidavit required by subsection 1 of this section, the information developed pursuant to that subsection, or otherwise fulfilling the duties required by subsection 1 of this section.

3. The family support division may contract with the department of health and senior services to provide assistance and training to the hospital staff assigned responsibility for providing the information, as appropriate, to carry out duties pursuant to this section. The family support division shall develop and distribute free of charge the information on the rights and responsibilities of parents that is required to be distributed pursuant to this section. The department of health and senior services shall provide free of charge to hospitals the acknowledgment of paternity affidavit, and instructions on the completion of the affidavit.

4. If no contract is developed with the department of health and senior services, then the family support division shall provide the assistance and training activities to hospitals pursuant to subsection 3 of this section.

5. Any affiant who intentionally misidentifies another person as a parent may be prosecuted for perjury, pursuant to section 575.040.

6. Due to lack of cooperation by public assistance recipients, the family support division shall either suspend the entire public assistance cash grant, or remove the needs of the adult recipient of public assistance from the cash grant, subject to good cause exceptions pursuant to federal law or regulations.

(L. 1994 H.B. 1491 & 1134 § 1 merged with H.B. 1547 & 961 § 8 merged with S.B. 508 § 1, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49)

Adoption – New Birth Certificate

193.125. Missouri adoptee rights act — adoption — new birth certificate, when — reports — duties — inspection of certain records by court order only. —

1. This section and section 193.128 shall be known and may be cited as the "Missouri Adoptee Rights Act".

2. Except as otherwise provided in subsection 3 of this section, for each adoption decreed by a court of competent jurisdiction in this state, the court shall require the preparation of a certificate of decree of adoption on a form as prescribed or approved by the state registrar. The certificate of decree of adoption shall include such facts as are necessary to locate and identify the certificate of birth of the person adopted, and shall provide information necessary to establish a new certificate of birth of the person adopted and shall identify the court and county of the adoption and be certified by the clerk of the court. The state registrar shall file the original certificate of birth with the certificate of decree of adoption and such file may be opened by the state registrar only upon receipt of a certified copy of an order as decreed by the court of adoption or in accordance with section 193.128.

3. No new certificate of birth shall be established following an adoption by a stepparent if so requested by the adoptive parent or the adoptive stepparent of the child.

4. Information necessary to prepare the report of adoption shall be furnished by each petitioner for adoption or the petitioner's attorney. The social welfare agency or any person having knowledge of the facts shall supply the court with such additional information as may be necessary to complete the report. The provision of such information shall be prerequisite to the issuance of a final decree in the matter by the court.

5. Whenever an adoption decree is amended or annulled, the clerk of the court shall prepare a report thereof, which shall include such facts as are necessary to identify the original adoption report and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.

6. Not later than the fifteenth day of each calendar month or more frequently as directed by the state registrar the clerk of the court shall forward to the state registrar reports of decrees of adoption, annulment of adoption and amendments of decrees of adoption which were entered in the preceding month, together with such related reports as the state registrar shall require.

7. When the state registrar shall receive a report of adoption, annulment of adoption, or amendment of a decree of adoption for a person born outside this state, he or she shall forward such report to the state registrar in the state of birth.

8. In a case of adoption in this state of a person not born in any state, territory or possession of the United States or country not covered by interchange agreements, the state registrar shall upon receipt of the certificate of decree of adoption prepare a birth certificate in the name of the adopted person, as decreed by the court. The state registrar shall file the certificate of the decree of adoption, and such documents may be opened by the state registrar only by an order of court. The birth certificate prepared under this subsection shall have the same legal weight as evidence as a delayed or altered birth certificate as provided in section 193.235.

9. The department, upon receipt of proof that a person has been adopted by a Missouri resident pursuant to laws of countries other than the United States, shall prepare a birth certificate in the name of the adopted person as decreed by the court of such country. If such proof contains the surname of either adoptive parent, the department of health and senior services shall prepare a birth certificate as requested by the adoptive parents. Any subsequent change of the name of the adopted person shall be made by a court of competent jurisdiction. The proof of adoption required by the department shall include a copy of the original birth certificate and adoption decree, an English translation of such birth certificate and adoption decree, and a copy of the approval of the immigration of the adopted person by the Immigration and Naturalization Service of the United States government which shows the child lawfully entered the United States. The authenticity of the translation of the birth certificate and adoption decree required by this subsection shall be sworn to by the translator in a notarized document. The state registrar shall file such documents received by the department relating to such adoption and such documents may be opened by the state registrar only by an order of a court. A birth certificate pursuant to this subsection shall be issued upon request of one of the adoptive parents of such adopted person or upon request of the adopted person if of legal age. The birth certificate prepared pursuant to the provisions of this subsection shall have the same legal weight as evidence as a delayed or altered birth certificate as provided in sections 193.005 to 193.325.

10. If no certificate of birth is on file for the person under twelve years of age who has been adopted, a belated certificate of birth shall be filed with the state registrar as provided in sections 193.005 to 193.325 before a new birth record is to be established as result of adoption. A new certificate is to be established on the basis of the adoption under this section and shall be prepared on a certificate of live birth form.

11. If no certificate of birth has been filed for a person twelve years of age or older who has been adopted, a new birth certificate is to be established under this section upon receipt of proof of adoption as required by the department. A new certificate shall be prepared in the name of the adopted person as decreed by the court, registering adopted parents' names. The new certificate shall be prepared on a delayed birth certificate form. The adoption decree is placed in a sealed file and shall not be subject to inspection except upon an order of the court.

(L. 1984 S.B. 574, A.L. 1997 H.B. 343, A.L. 2005 S.B. 74 & 49, A.L. 2008 H.B. 1640, A.L. 2016 H.B. 1599)

New Certificate of Birth or Amendment

193.135. New certificate of birth established or old one amended, when — inspection of certain records by court order only. —

1. The state registrar shall establish a new certificate of birth for a person born in this state when he or she received the following:

(1) A certificate of decree of adoption as provided in section 193.125 or a report of adoption prepared and filed in accordance with the laws of another state or foreign country, or a certified copy of the decree of adoption, together with the information

necessary to identify the original certificate of birth and to establish a new certificate of birth; except that a new certificate of birth shall not be established if so requested by the court decreeing the adoption, the adoptive parents, or the adopted person;

(2) A request that a new certificate be established upon such evidence as required by the department proving that such person has been legitimated.

2. When a new certificate of birth is established, the actual place and date of birth shall be shown. The new certificate shall be substituted for the original certificate of birth in the files, and the original certificate of birth and the evidence of adoptions or legitimation shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by department rules.

3. Upon receipt of a report of an amended decree of adoption, the certificate of birth shall be amended.

4. Upon receipt of a report or decree of annulment of adoption, the original certificate of birth shall be restored to its place in the files and the new certificate and evidence shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by department rules.

5. When a new certificate of birth is established by the state registrar, all copies of the original certificate of birth in the custody of any other custodian of vital records in this state shall be sealed from inspection or forwarded to the state registrar, as he directs.

(L. 1984 S.B. 574)

Death Certificate Electronic System

193.145. Death certificate – electronic system – contents, filing, locale, duties of certain persons, time allowed – certificate marked presumptive, when. –

1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section 193.265 within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing

by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section 193.265. Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section 193.265 until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

(1) The personal data from the next of kin or the best qualified person or source available;

(2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person

authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under chapters 334 and 335 of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under chapter 58, the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training, as established by the coroner standards and training commission under the provisions of section 58.035, has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office.

(L. 1984 S.B. 574, A.L. 1989 S.B. 389, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49, A.L. 2010 H.B. 1692, et al. merged with S.B. 754, A.L. 2013 S.B. 186, A.L. 2015 H.B. 618, A.L. 2020 H.B. 2046)

Fetal Death Reports

193.165. Spontaneous fetal death report — release of reports — application for certificate of birth resulting in stillbirth, procedure. —

1. Each spontaneous fetal death of twenty completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of delivery, or a weight of three hundred fifty grams or more, which occurs in this state shall be reported within seven days after delivery to the local registrar or as otherwise directed by the state registrar.

2. When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.

3. When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.

4. When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the medical examiner or coroner, the medical examiner or coroner shall investigate the cause of spontaneous fetal death and shall prepare and file the report within seven days.

5. When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a dead fetus is found in this

state and the place of the spontaneous fetal death is unknown, the spontaneous fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of the spontaneous fetal death.

6. Notwithstanding any provision of law to the contrary, individuals with direct and tangible interest, as defined by the department of health and senior services, may receive the spontaneous fetal death report.

7. In the event of a spontaneous fetal death, regardless of whether such death occurs before or after August 28, 2004, either parent, or if both parents are deceased, a sibling of the stillborn child, shall have the right to file an application with the state registrar and other custodians of vital records requesting a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to this section.

(L. 1984 S.B. 574, A.L. 1999 S.B. 25, A.L. 2004 H.B. 1136)

Mother's Right to Determine

194.378. Final disposition of fetal remains, mother has right to determine. – In every instance of fetal death, the mother has the right to determine the final disposition of the remains of the fetus, regardless of the duration of the pregnancy. The mother may choose any means of final disposition authorized by law or by the director of the department of health and senior services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Protected Mother's Rights

194.384. Written standards required for protection of mother's right to determine final disposition. – Every hospital, outpatient birthing clinic, and any other health care facility licensed to operate in this state shall adopt written standards for the final disposition of the remains of a human fetus as provided in sections 194.375 to 194.390 for protection of a mother's right pursuant to section 194.378 and for notice as required in section 194.387.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Miscarriage and Mother's Rights

194.387. Miscarriage – mother's right to determine final disposition of remains – counseling made available, when. –

1. Within twenty-four hours after a miscarriage occurs spontaneously or accidentally at a hospital, outpatient birthing clinic, or any other health care facility, the facility shall

disclose to the mother of the miscarried fetus, both orally and in writing, the mother's right to determine the final disposition of the remains of the fetus. The facility's disclosure shall include giving the mother a copy of the facility's written standards adopted pursuant to section 194.384.

2. The facility shall make counseling concerning the death of the fetus available to the mother. The facility may provide the counseling or refer the mother to another provider of appropriate counseling services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Important Birth Registration Tips

- Registration of births and fetal deaths are completed in the Missouri Electronic Vital Records (MoEVR) system using information from both the Mother's Worksheet and the Facility Worksheet. If a birth was unattended or will not be certified by a professional, the birth shall be recorded in accordance with **"Out of Hospital/Institution Births or Home Births"** process.

- Names and words on Missouri birth certificates will print in all capital letters. When naming a child and providing related information, any unknowns, extra character spaces, incorrect suffixes, and other specific naming sequences such as adding numbers to names may prevent the automatic issuance of a social security number [known as Enumeration at Birth (EAB)]. For more info, see **State Processing Guidelines for Enumeration at Birth.**

    - The vital record will still be accepted and registered. However, the Social Security Administration (SSA) may have to be contacted directly and the completion of a Form SS-5 may be necessary to properly register a child for a social security number. In addition, while MoEVR can accept all general special characters and accents (viewable by logging in to MoEVR and clicking on "Accent Characters" in the upper right hand corner of the screen), some versions of birth certificates may not display all special characters and accents.

- The person who gives birth to a child is always listed as the mother and should be the person who completes the Mother's Worksheet.

- If a mother is unmarried, the birth record should be registered without the father. If a father is to be added, paternity affidavits (mother's affidavit, father's affidavit, and if applicable, husband's denial) must be sent in together to the Bureau of Vital Records after the registration of the birth.

- If sending a correction affidavit, supporting documents must always be included. Preferably the Mother's Worksheet/Facility Worksheet should be used as supporting documents. If sending one of those worksheets you must send all pages, not just the page that supports the correction. If neither of these are available or they are listed incorrect, please call the bureau for further guidance at 573-751-6387 option 4.

- Co-parents (same sex female couples) can only be added if they are married to the mother and if added at the time of birth. Otherwise, a court order is required to add a co-parent after birth registration.

- Verify pre-pregnancy weight -vs- weight at delivery. If one of these fields is unknown, list 999. If you enter 99, it will recognize it as 99lbs and result in a query.

- If a date field is unknown, you must enter a 9 for every required field.
    - Ex: mm/dd/yyy = 99/99/9999 or if one of the fields is unknown such as day of month is should be entered as 05/99/2020

- If height is unknown, enter 99 for feet and 99 for inches. If you enter one 9 in each field, it will recognize it as 9ft 9in and result in a query.

- If number of cigarettes is ½ of a cigarette round up to 1.

- Number of previous cesareans (Risk Factors in Pregnancy): This number should not include the current birth. It should match or be less than the number of children now living and/or dead.
    - Ex: Mom has one previous child born via cesarean. This current baby was also born via cesarean. You would enter 1 as the number of previous cesareans, not 2.

- Newborn living at time of report: This question is often misread and marked as no when child is actually living. It will be queried as unlikely based on weight, APGAR, and gestation.

Save Print Reset

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

MISSOURI BIRTH CERTIFICATE MOTHER'S WORKSHEET

PLEASE COMPLETE ENTIRE WORKSHEET WITHIN FIVE (5) DAYS AFTER BIRTH. PROVIDE ACCURATE INFORMATION.
ERASURES, WRITE-OVERS, OR WHITE OUT ON THIS DOCUMENT ARE NOT ACCEPTABLE. IF ERROR IS MADE, COMPLETE NEW WORKSHEET BEFORE SIGNING.

FOR HOSPITAL/PROFESSIONAL USE ONLY - IMPORTANT DOCUMENT. RETAIN - PER STATE LAW.

MOTHER'S MEDICAL RECORD #	MOTHER'S NAME
NEWBORN'S DATE OF BIRTH	NEWBORN'S NAME
NEWBORN'S TIME OF BIRTH ☐ AM ☐ PM	NEWBORN'S SEX
WAS THIS DELIVERY A: ☐ Single Birth ☐ Multiple Birth (twins, triplets, etc.)	IF MULTIPLE BIRTH, THIS WORKSHEET IS FOR CHILD: ☐ A (first born) ☐ B (second born) ☐ C (third born) ☐ D Other (specify)

INSTRUCTIONS FOR MOTHER

Registering your child's birth is important and must be filed within five (5) days after the date of birth as required by Missouri law (193.085, RSMo). The information you provide below will be used to register your child's birth certificate. The birth certificate is the first legal document that will be used for legal and identity purposes such as proving your child's age, citizenship, and parentage. The birth certificate will be used by your child throughout their life. Missouri law provides protection against the unauthorized release of identifying information from the birth certificate to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the following questions. Attempting to change your child's name or any other related information on the birth certificate after you have completed the information on this worksheet may require a court order. In addition to information used for legal and identity purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn babies. Items such as parental education and race will be used for statistical purposes, but will not appear on copies of the birth certificate issued to you or your child. Names and words on Missouri birth certificates will print in all capital letters.

Note: When naming your child and providing related information, any unknowns, extra character spaces, incorrect suffixes, and other specific naming sequences may prevent the automatic issuance of a social security number. As a result, you may have to contact the Social Security Administration (SSA) directly and complete a Form SS-5 to properly register your child for a social security number. For more information, ask your hospital, clinic, midwife, attendant, certifier, or contact the Bureau of Vital Records for assistance.

If you would like a copy of your child's birth certificate after it is registered, you must submit a separate application and pay a fee to the Bureau of Vital Records. For more information, visit: www.health.mo.gov/vitalrecords or call (573) 751-6387.

PLEASE PRINT CLEARLY OR TYPE

1. WHAT WILL BE YOUR CHILD'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)? ☐ First and middle names not yet chosen

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)

INFORMATION ABOUT CHILD'S MOTHER

2. WHAT NAME DID YOU USE PRIOR TO YOUR FIRST MARRIAGE (MAIDEN)?

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)

3. WHAT IS YOUR CURRENT LEGAL NAME?

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)

4. WHERE DO YOU USUALLY LIVE - THAT IS - WHERE IS YOUR HOUSEHOLD/RESIDENCE LOCATED?

STATE (OR U.S. TERRITORY, CANADIAN PROVINCE):	COUNTY:
COMPLETE NUMBER AND STREET:	APARTMENT NUMBER:
CITY:	ZIP CODE:

Do you live inside the city limits of this city?
☐ Yes ☐ No

IF NOT UNITED STATES, LIST COUNTRY:

5. WHAT IS YOUR MAILING ADDRESS? ☐ Same as residence (#4 above). [Proceed to question #6.]
COMPLETE NUMBER AND STREET:

APARTMENT NUMBER:	P.O. BOX:	
CITY:	STATE:	ZIP CODE:

IF NOT UNITED STATES, LIST COUNTRY:

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6. WHAT IS YOUR SOCIAL SECURITY NUMBER?

7. WHAT IS YOUR DATE OF BIRTH? (EXAMPLE: MARCH 01 1994)
MONTH | DAY | YEAR

8. IN WHAT STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WERE YOU BORN? (IF CANADA, INCLUDE PROVINCE):

MOTHER

9. WHAT IS THE HIGHEST LEVEL OF SCHOOLING THAT YOU WILL HAVE COMPLETED AT THE TIME OF DELIVERY? (CHECK THE BOX THAT BEST DESCRIBES YOUR EDUCATION. IF YOU ARE CURRENTLY ENROLLED, CHECK THE BOX THAT INDICATES THE PREVIOUS GRADE OR HIGHEST DEGREE RECEIVED.)

- ☐ 8th grade or less
- ☐ No diploma, 9th - 12th grade
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate's degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM)
- ☐ Unknown

10. ARE YOU SPANISH/HISPANIC/LATINA? IF NOT SPANISH/HISPANIC/LATINA, CHECK THE "NO" BOX. IF YOU ARE SPANISH/HISPANIC/LATINA, CHECK THE APPROPRIATE BOX. **CHECK ONLY ONE BOX.**

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian)
  Specify:
- ☐ Unknown

11. WHICH ONE OR MORE OF THE FOLLOWING IS YOUR RACE? **CHECK ALL THAT APPLY.**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (specify tribe)
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify):
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify):
- ☐ Other (specify)
- ☐ Unknown

12. MOTHER PARTICIPATED DURING PREGNANCY? **(PLEASE ANSWER BOTH A & B)**

12A. WIC? ☐ Yes ☐ No ☐ Unknown | 12B. Food Stamp Program? ☐ Yes ☐ No ☐ Unknown

13. WHAT IS YOUR HEIGHT? feet inches

14. WHAT WAS YOUR PRE-PREGNANCY WEIGHT? THIS IS YOUR WEIGHT IMMEDIATELY BEFORE YOU BECAME PREGNANT WITH THIS CHILD. pounds

15. HOW MANY INDIVIDUAL CIGARETTES OR PACKS OF CIGARETTES DID YOU SMOKE ON AN AVERAGE DAY DURING EACH OF THE FOLLOWING TIME PERIODS? IF NONE, ENTER "0."

	# of cigarettes	OR	# of packs
Three months before pregnancy		OR	
First three months of pregnancy		OR	
Second three months of pregnancy		OR	
Third trimester of pregnancy		OR	

16. WERE YOU MARRIED AT CONCEPTION, BIRTH, OR ANYTIME IN BETWEEN? **CHECK ONLY ONE BOX.**
THE SELECTION YOU MAKE BELOW WILL DETERMINE WHETHER FATHER/CO-PARENT INFORMATION IS ADDED DURING THE REGISTRATION OF YOUR CHILD'S BIRTH RECORD OR AMENDED ON THE RECORD AFTER REGISTRATION EITHER BY AFFIDAVIT OR COURT ORDER.

- ☐ Yes, I was married to the father of this child.
- ☐ Yes, to a male spouse, but not to the father of this child. (Please ask hospital staff about receiving and completing Affidavits Acknowledging Paternity. Skip to question #25.)
- ☐ Yes, to a female spouse.
- ☐ Yes, to a female spouse, but I wish to provide information about the father. (Please ask hospital staff about receiving and completing Affidavits Acknowledging Paternity. Skip to question #25.)
- ☐ Yes, but I refuse to provide spouse's information. (A court order will be required to add a father/co-parent in the future. Skip to question #25.)
- ☐ No, but I wish to provide information about the father. (Please ask hospital staff about receiving and completing Affidavits Acknowledging Paternity. Skip to question #25.)
- ☐ No, and I do not wish to provide information about the father. (Skip to question #25.)
- ☐ Unknown (Skip to Question #25.)

INFORMATION ABOUT CHILD'S FATHER/CO-PARENT

17. WHAT IS THE FATHER'S/CO-PARENT'S CURRENT LEGAL NAME?
FIRST | MIDDLE | LAST | SUFFIX (JR., SR., ETC.)

18. WHAT IS THE FATHER'S/CO-PARENT'S SOCIAL SECURITY NUMBER?

19. WHAT IS THE FATHER'S/CO-PARENT'S DATE OF BIRTH? (EXAMPLE: MARCH 01 1994)
MONTH | DAY | YEAR

20. IN WHAT STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WAS THE FATHER/CO-PARENT BORN? (IF CANADA, INCLUDE PROVINCE):

PAGE 2 - QUESTIONS CONTINUE ON NEXT PAGE

FATHER / CO-PARENT

21. WHAT IS THE HIGHEST LEVEL OF SCHOOLING THAT THE FATHER/CO-PARENT WILL HAVE COMPLETED AT THE TIME OF DELIVERY? (CHECK THE BOX THAT BEST DESCRIBES LEVEL OF EDUCATION. IF CURRENTLY ENROLLED, CHECK THE BOX THAT INDICATES THE PREVIOUS GRADE OR HIGHEST DEGREE RECEIVED.)

- ☐ 8th grade or less
- ☐ No diploma, 9th - 12th grade
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate's degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM)
- ☐ Unknown

22. IS THE FATHER/CO-PARENT SPANISH/HISPANIC/LATINO(A)? IF NOT SPANISH/HISPANIC/LATINO(A), CHECK THE "NO" BOX. IF SPANISH/HISPANIC/LATINO(A), CHECK THE APPROPRIATE BOX. **CHECK ONLY ONE BOX.**

- ☐ No, not Spanish/Hispanic/Latino(a)
- ☐ Yes, Mexican, Mexican American, Chicano(a)
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino(a) (e.g. Spaniard, Salvadoran, Dominican, Colombian)
  Specify:
- ☐ Unknown

23. WHICH ONE OR MORE OF THE FOLLOWING IS THE RACE OF THE FATHER/CO-PARENT? **CHECK ALL THAT APPLY.**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (specify tribe)
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify):
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify):
- ☐ Other (specify)
- ☐ Unknown

24. WHAT IS THE FATHER'S/CO-PARENT'S RESIDENCE ADDRESS? ☐ Same as mother's residence (#4 above). [Proceed to question #25.]

COMPLETE NUMBER AND STREET: | APARTMENT NUMBER:

CITY: | STATE: | ZIP CODE:

CHILD'S SOCIAL SECURITY NUMBER

25. PERMISSION GIVEN TO PROVIDE THE SOCIAL SECURITY ADMINISTRATION (SSA) WITH THE NECESSARY BIRTH INFORMATION TO ISSUE A SOCIAL SECURITY NUMBER FOR THIS CHILD

☐ Yes ☐ No

NAME AND SIGNATURE

FULL LEGAL NAME OF PERSON COMPLETING THIS FORM

FIRST NAME | MIDDLE NAME | LAST NAME

RELATIONSHIP TO CHILD (SHOULD BE MOTHER)

IF NOT MOTHER, PROVIDE SPECIFIC EXPLANATION:

I do solemnly declare and affirm that the information contained in this worksheet is true and correct to the best of my knowledge, and I understand that this information will be used to create my child's Certificate of Live Birth. Furthermore, I understand that attempting to change my child's name or any other related information on the birth certificate after signing this worksheet may require a court order.

SIGNATURE OF PERSON COMPLETING THIS FORM | DATE | PHONE NUMBER (INCLUDE AREA CODE)

Save | Print | Reset

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

MISSOURI BIRTH CERTIFICATE FACILITY WORKSHEET

FOR HOSPITAL/PROFESSIONAL USE ONLY

MOTHER'S MEDICAL RECORD #	MOTHER'S NAME	MOTHER'S DATE OF BIRTH

NEWBORN'S MEDICAL RECORD #	NEWBORN'S NAME	NEWBORN'S DATE OF BIRTH	PLURALITY	BIRTH ORDER

Questions 1-4 are not shown on this worksheet. These fields are default hospital information stored in the MoEVR program. This worksheet should be used, along with the mother's worksheet, to complete the registration of a Missouri birth. Enter '9's where unknown. For assistance in completing this worksheet, review Facility Worksheet Guide or call Bureau of Vital Records: (573) 751-6387.

PRENATAL

5. Place of birth:
- ☐ Hospital
- ☐ Freestanding birthing center
- ☐ Home birth
  - Planned to deliver at home: ☐ Yes ☐ No
- ☐ Clinic/Doctor's Office
- ☐ En route
- ☐ Other (specify) _____

6(a). Date of first prenatal care visit
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

☐ No prenatal care

6(b). Date of last prenatal care visit
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

7. Total number of prenatal care visits for this pregnancy
_____ Number

8. Date last normal menses began
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

9. Number of previous live births now living (Do not include this child. For multiple births, include all live-born children before this child.)
_____ Number ☐ None

10. Number of previous live births now deceased (Do not include this child. For multiple births, include all live-born children before this child now deceased.)
_____ Number ☐ None

11. Date of last live birth
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

12. Total number of other pregnancy outcomes *(Spontaneous or induced losses or ectopic pregnancies. For multiple deliveries, include all other deliveries in this pregnancy and in previous pregnancies.)*
_____ Number ☐ None

13. Date of last other pregnancy outcome
__ __ / __ __ __ __
M M Y Y Y Y

14. Risk factors in this pregnancy - *check ALL that apply*
- Diabetes: (specify)
  - ☐ Prepregnancy
  - ☐ Gestational
  - ☐ Insulin Dependent
- Hypertension: (specify)
  - ☐ Prepregnancy
  - ☐ Gestational
  - ☐ Eclampsia
- ☐ Previous preterm births
- ☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- ☐ Pregnancy resulted from infertility treatment; if YES, check all that apply:
  - ☐ Fertility-enhancing drugs, artificial insemination or intrauterine insemination
  - ☐ Assisted reproductive technology
- ☐ Mother had a previous cesarean delivery; if YES, how many? _____
- ☐ None of the above

15. Infections present and/or treated during this pregnancy– *check ALL that apply*
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ HIV
  - If HIV checked, was mother treated with anti-retroviral medication during labor? ☐ Yes ☐ No
  - If HIV checked, was infant treated with anti-retroviral medication? ☐ Yes ☐ No
- ☐ Hepatitis C
- ☐ Hepatitis B
  - If Hepatitis B checked, was mother positive for HBsAg? ☐ Yes ☐ No
  - If YES, to HBsAg question, did newborn receive HBIG within 12 hours of birth? ☐ Yes ☐ No
- ☐ Zika Virus
- ☐ None of the above

16. Was mother tested during pregnancy for:
Syphilis? ☐ Yes ☐ No ☐ Unknown
HIV? ☐ Yes ☐ No ☐ Unknown
Hepatitis B? ☐ Yes ☐ No ☐ Unknown

17. Obstetric procedures - *check ALL that apply*
- ☐ Cervical cerclage
- ☐ Tocolysis
- ☐ External cephalic version: ☐ Successful ☐ Failed
- ☐ None of the above

MISSOURI BIRTH CERTIFICATE FACILITY WORKSHEET

LABOR AND DELIVERY

18. Mother's weight at delivery
_____ pounds

19. Onset of labor - *check ALL that apply*
- ☐ Prem. rupture of membranes (≥12 hrs)
- ☐ Precipitous labor (< 3 hrs)
- ☐ Prolonged labor (≥ 20 hrs)
- ☐ None of the above

20. Characteristics of labor and delivery - *check ALL that apply*
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation rec'd by mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38° C (100.4° F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment or operative delivery
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above

21. Method of delivery
- A. Was delivery with forceps attempted but unsuccessful? ☐ Yes ☐ No
- B. Was delivery with vacuum extraction attempted but unsuccessful? ☐ Yes ☐ No
- C. Fetal presentation at birth - *check ONE*: ☐ Cephalic ☐ Breech ☐ Other
- D. Final route and method of delivery - *check ONE*:
  - ☐ Vaginal / Spontaneous
  - ☐ Vaginal / Forceps
  - ☐ Vaginal / Vacuum
  - ☐ Cesarean: if yes, was a trial of labor attempted? ☐ Yes ☐ No

22. Maternal morbidity - *check ALL that apply*
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the above

23. Attendant (individual physically present at the delivery who is responsible for the delivery):

Name: _____

MO License No. _____ NPI: _____

Title: ☐ MD ☐ DO ☐ CNM/CM ☐ CPM ☐ Other midwife
☐ Other (specify) _____

24. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? ☐ Yes ☐ No
If yes, enter the name of the facility mother transferred from:

_____

25. Principal source of payment for this delivery (at time of delivery):
- ☐ Private insurance
- ☐ Medicaid
- ☐ Self-pay
- ☐ Other (specify) _____

NEWBORN

26. Newborn's medical record number:
_____

27. Date of birth:
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

28. Time of birth: _____ ☐ a.m. ☐ p.m.

29. Birthweight: _____ **grams** or _____ **lb/oz**

30. Obstetric est. of gestation at delivery (comp wks): _____

31. Sex: ☐ Male ☐ Female ☐ Undetermined

32. Apgar scores: ____ 5 min. ____ 10 min. (if 5 min < 6)

33. Plurality (single, twin, triplet, etc.): _____

34. If not single birth, order delivered in the pregnancy: _____ **and number of infants born alive in this delivery** _____

35. Abnormal conditions of the newborn - *check ALL that apply*
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than 6 hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics rec'd by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury
- ☐ None of the above

36. Congenital anomalies of the newborn - *check ALL that apply*
- ☐ Anencephaly
- ☐ Microcephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect
- ☐ Cleft lip with or without cleft palate
- ☐ Cleft palate alone
- ☐ Down Syndrome: ☐ Karyotype confirmed ☐ Karyotype pending
- ☐ Other chromosomal disorder: ☐ Karyotype confirmed ☐ Karyotype pending
- ☐ Hypospadias
- ☐ None
- ☐ Other (specify) _____

37. Was newborn transferred within 24 hours of delivery? ☐ Yes ☐ No ☐ If yes, enter the name of the facility newborn transferred to: _____

38. Is newborn living at time of report? ☐ Yes ☐ No ☐ Newborn transferred, status unknown

39. Is newborn being breastfed at discharge? ☐ Yes ☐ No

40. Is adoption pending? ☐ Yes

41. Prophylactic drug used in baby's eyes? ☐ Yes ☐ No
If yes, name of drug: _____

42. Did newborn receive Hepatitis B vaccination? ☐ Yes ☐ No If yes, date of vaccination:
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

Same Sex Couples – Birth Registration Information

- **Women in same-sex marriages,** lawfully entered into in jurisdictions where same-sex marriage legal, who give birth in Missouri, may choose to have their spouse listed as the baby's co-parent on the birth certificate.

- The person who gives birth to a child is always listed as the mother. In instances, where the **mother wishes to list the biological dad** on the birth certificate, she can list the father in lieu of the female spouse. The female spouse **does not** sign a Husband's Denial of Paternity. In this case, the birth record is registered with only the mother on the record. Information for the "co-parent" is not added and the mother and father will need to complete paternity affidavits to add the father to the birth record after the record is registered.

- A mother in a same-sex marriage who **refuses to provide her spouse's information** on the record at the time of birth will **require a court order** to add the co-parent later.

- **Men in same sex relationships or marriages** (using a donor egg/surrogate) will have the person who gives birth to the child listed as the mother. Paternity affidavits are then needed to add the biological father. If the couple choose to mix sperm, either father may be listed. Finally, a court order is then needed to remove the mother and add the father's spouse/co-parent.

- **Unmarried same sex female couple using donor sperm**.
  The person who gives birth to a child is listed as the mother. No father is listed on the birth certificate. A court order is required to add co-parent.

- If a **same sex female couple** is not married, the person who gives birth to a child is listed as the mother, and then a court order is needed to list her partner.

For more information or guidance on additional scenarios, please contact the Bureau of Vital Records at 573-751-6387, Option 4.

Surrogacy Births

When a surrogate mother is involved in a birth process, please note the following regarding filing of the birth certificate:

- The surrogate should complete the mother's worksheet.
- The hospital will list the surrogate as the mother.
- If surrogate is not married and wishes to list the father on the record, paternity affidavits shall be completed. If father is not listed at this time, the father can be added later via surrogacy court order documents as applicable.
- If surrogate is married, but the child does not biologically belong to the husband, the mother may refuse to provide husband's information.
- There are two contracts involved in using a surrogate, the pre-birth contract and the post-birth contract. Only the *post*-birth contract approved by the court will be used by the Bureau of Vital Records. The surrogacy court order documents must be sent to amend the mother (and father if not already listed on the certificate through paternity affidavits prior to court order). Before sending documents, it is recommended parents contact the Bureau of Vital Records – Amendment Unit at 573-751-6387, Option 2.

Downloadable Forms: Fillable PDFs of paternity related forms (in English and Spanish) along with other vital records related forms can be found online at: https://health.mo.gov/IVrecords/

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

AFFIDAVIT ACKNOWLEDGING PATERNITY NOTICE OF RIGHTS

DHSS - BUREAU OF VITAL RECORDS
930 WILDWOOD DR.
JEFFERSON CITY, MISSOURI 65109

WRITTEN NOTICE OF ALTERNATIVES, RIGHTS, AND RESPONSIBILITIES

The Affidavit Acknowledging Paternity is a legal document. Please read the information provided below before completing an Affidavit. Following are the alternatives to completing the Affidavit and your legal rights and responsibilities. Before you complete an Affidavit Acknowledging Paternity, **you must receive oral (spoken) notice of the below information.** If you are completing the Affidavit at the hospital when your child is born, you may receive oral notice from hospital staff. If you are completing the affidavit after the birth certificate has been filed, you may receive oral notice from the agency that gave you the form. You may also receive oral notice by calling (toll free) **1-888-677-2083.**

- When both parents properly complete and sign an Affidavit Acknowledging Paternity, the man's name is added to the child's birth certificate, and the man becomes the legal father of the child. Properly completed affidavits have the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.
- If either of you is not sure that this man is the biological (natural) father of this child, you should not sign an Affidavit Acknowledging Paternity. You should have a genetic test. If the test shows at least a 98 percent probability that the man is the father, then Missouri law says he is the presumed father. A genetic test can be provided by the Family Support Division (FSD). Either of you may apply for this service by contacting FSD at https://dss.mo.gov/child-support/. If the genetic test shows that the man is the child's biological father, you may then sign an Affidavit Acknowledging Paternity.
- If either of you change your mind about acknowledging paternity after you have signed the Affidavit, you may sign a rescission form and file it with the Missouri Department of Health and Senior Services, Bureau of Vital Records (BVR) within the earlier of: 60 days from the date of the last signature on the Affidavits or the date of a proceeding to establish child support for the child on the Affidavits. Contact BVR at **(573) 751-6387** or visit www.health.mo.gov/vitalrecords if you need a rescission form. When the rescission is filed, the man will no longer be the legal father; however, his name will stay on the birth certificate unless a court order tells BVR to remove his name.
- If it is more than 60 days after both of you sign the Affidavits or after the date of a child support proceeding, and you decide you want to prove this man is not the father, you must go to court. You must prove there was fraud, duress, or material mistake of fact when you signed the Affidavit.
- This child may have the right to receive benefits as the legal child of the man who signs an Affidavit Acknowledging Paternity. These benefits may include child support, medical insurance, inheritance rights, Social Security and Veteran's benefits.
- Acknowledging paternity does not automatically give the father visitation or custody rights. Please seek legal advice regarding custody and visitation rights, or any other related legal matters.

Persons who knowingly supply false information on the Affidavit Acknowledging Paternity shall be guilty of a class E felony. Penalties under the criminal code range from imprisonment of 1-10 years and/or up to $5,000 in fines.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

MOTHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY

DHSS - BUREAU OF VITAL RECORDS
930 WILDWOOD DR.
JEFFERSON CITY, MISSOURI 65109

INSTRUCTIONS

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If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED

REQUEST TO CHANGE CHILD'S LAST NAME

The mother's signature is required below if you wish to change your child's last name.

CHILD'S NEW LAST NAME	MOTHER'S SIGNATURE

FATHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)

DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

MOTHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)

BIRTHPLACE (STATE/COUNTRY)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (INCLUDE AREA CODE)	EMPLOYER

I have received written and oral notice, and I understand my alternatives, the legal consequences, and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the mother of the child listed on this Affidavit and the man listed above is the natural father and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that the father's name and other information be added to this child's birth record.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	MOTHER'S SIGNATURE ▶	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

FATHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY

DHSS - BUREAU OF VITAL RECORDS
930 WILDWOOD DR.
JEFFERSON CITY, MISSOURI 65109

INSTRUCTIONS

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If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED

REQUEST TO CHANGE CHILD'S LAST NAME

The father's signature is required below if you wish to change your child's last name.

CHILD'S NEW LAST NAME	FATHER'S SIGNATURE

MOTHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)

DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

FATHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	BIRTHPLACE (STATE/COUNTRY)

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (INCLUDE AREA CODE)	EMPLOYER

I have received written and oral notice, and I understand my alternatives, the legal consequences, and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that my name and other information be added to this child's birth record.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	FATHER'S SIGNATURE ▶	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

HUSBAND'S DENIAL OF PATERNITY

DHSS - BUREAU OF VITAL RECORDS
930 WILDWOOD DR.
JEFFERSON CITY, MISSOURI 65109

INSTRUCTIONS

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Affidavits containing erasures, white-outs, write-overs, and/or faxed or reproduced copies will not be accepted. The information included on these Affidavits must agree with the information provided for the birth certificate.

If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these forms.

If the mother was married at the time of conception, birth, or any time between conception and birth, the name of the husband/ex-husband shall be entered on the certificate as the father of the child, unless:

1. Paternity has been determined otherwise by a court of competent jurisdiction; or
2. The mother and her husband/ex-husband complete an Affidavit denying that the husband/ex-husband is the father and the mother and natural father complete an Affidavit acknowledging that he is the father. The natural father will then be shown on the birth certificate.

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED

MOTHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)

DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

DENIAL OF PATERNITY - FATHER

I have received written and oral notice, and I understand my alternatives, the legal consequences, and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I am the husband or ex-husband of the mother listed on this affidavit. I do solemnly declare and affirm that I am not the biological (natural) father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE ▶		HUSBAND'S/EX-HUSBAND'S PRINTED NAME
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

DENIAL OF PATERNITY - MOTHER

I have received written and oral notice, and I understand my alternatives, the legal consequences, and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I was married during part or all of my pregnancy with this child to the man whose name is listed on this Affidavit. I do solemnly declare and affirm that he is not the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	MOTHER'S SIGNATURE ▶		MOTHER'S PRINTED NAME
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

DHSS - BUREAU OF VITAL RECORDS
930 WILDWOOD DR.
JEFFERSON CITY, MO 65109

RESCISSION OF AFFIDAVIT ACKNOWLEDGING PATERNITY

INSTRUCTIONS: TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE. COMPLETE IN BLACK INK ONLY. Affidavits containing erasures, white-outs, write-overs, and/or faxed or reproduced copies will not be accepted.

This form is used to rescind (cancel) the legal finding of paternity created by a previously completed *Affidavit Acknowledging Paternity*. It must be completed and filed with the Missouri Department of Health and Senior Services, Bureau of Vital Records, at the address above within the earlier of:

- 60 days from the date of the last signature of the *Affidavit Acknowledging Paternity;* or
- The date of a proceeding to establish child support for the child on the *Affidavit Acknowledging Paternity*.

This form may be completed by either person (mother or father) in the presence of a notary public **or** two (2) witnesses. Any adult, except a parent of the child on the *Affidavit Acknowledging Paternity*, may be witness.

When this form is properly completed and filed with the Bureau of Vital Records, the man on the *Affidavit Acknowledging Paternity* will no longer be the legal father; however, his name will stay on the child's birth certificate unless a court order directs the Bureau of Vital Records to remove his name.

For more information, visit www.health.mo.gov/vitalrecords

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL NAME

PARENT INFORMATION AS IT APPEARS ON THE AFFIDAVIT ACKNOWLEDGING PATERNITY

MOTHER'S NAME (FIRST, MIDDLE, LAST)	FATHER'S NAME (FIRST, MIDDLE, LAST)

RESCINDING PARTY'S (MOTHER'S OR FATHER'S) INFORMATION

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

CURRENT ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)

I UNDERSTAND THAT BY COMPLETING THIS FORM AND FILING IT WITH THE BUREAU OF VITAL RECORDS, I AM RESCINDING THE LEGAL FINDING OF PATERNITY FOR THE ABOVE-NAMED CHILD CREATED BY A PREVIOUSLY COMPLETED *AFFIDAVIT ACKNOWLEDGING PATERNITY*. I UNDERSTAND THAT A COURT ORDER OR AN ORDER FROM FAMILY SUPPORT DIVISION IS REQUIRED TO REMOVE THE ACKNOWLEDGING FATHER'S NAME FROM A CHILD'S BIRTH CERTIFICATE.

MUST BE SIGNED IN PRESENCE OF NOTARY **OR** TWO WITNESSES	RESCINDING PARTY'S SIGNATURE (CURRENT LEGAL NAME)	DATE SIGNED

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

MO 580-2216 (2-2021) VS-466

Now available!

APPLYING BEST PRACTICES FOR REPORTING MEDICAL AND HEALTH INFORMATION ON BIRTH CERTIFICATES

Description

This course is designed to increase knowledge of the importance of and best practices for reporting birth certificate and report of fetal death information.

Target Audience

Physicians, nurses, and non-clinical staff at hospitals or free standing birthing centers who are responsible for completing the medical and health information for the certificate of live birth and report of fetal death.

To access the course, visit:

www.cdc.gov/nchs/training/BirthCertificateElearning

DISCOVER YOUR ROLE IN IMPROVING MATERNAL AND INFANT HEALTH DATA

UNDERSTAND THE BENEFITS FOR YOUR FACILITY, STATE, AND THE NATION

IDENTIFY RESOURCES AVAILABLE TO YOU TO ASSIST IN THIS IMPORTANT ROLE

APPLY YOUR KNOWLEDGE USING INTERACTIVE DISPLAYS AND QUIZZES

CONTINUING EDUCATION
(CME, CNE, CEU, & CPH)
&
COURSE CERTIFICATES
ARE AVAILABLE FOR THIS COURSE

Course content provided by representatives from the Centers for Disease Control and Prevention's National Center for Health Statistics, National Association of Public Health Statistics and Information Systems, and vital statistics agencies across the U.S.

Fetal or Infant Deaths – Which to File?

Situations involving a fetal or infant death are always difficult for both family and hospitals. There is often confusion whether a fetal death report should be filed or a birth certificate along with a death certificate.

If the infant shows any sign of life, as indicated in the Missouri Revised Statutes defining "Live Birth" and "Spontaneous Fetal Death", a Certificate of Live Birth must be completed and filed along with a Certificate of Death. If there is no sign of life, and the fetus meets the criteria of 350 grams or 20 weeks gestation, then a fetal death report must be completed and filed.

In Missouri, although it is no longer the funeral director's responsibility to file a fetal death report, there is sometimes a lack of communication on the part of the hospital personnel and the funeral director in determining which to file. The confusion comes when a funeral director is involved and is not made aware of the live birth. They often assume, or are told by the parents, that the infant was "stillborn." The result is a birth certificate filed with no death certificate, a death certificate with no birth certificate for the infant, or a death certificate and a fetal death report for the same infant. To assist in determining which records should be filed, information is obtained from several sources.

Often times, conscientious clerks who prepare birth certificates will indicate on the birth certificate that an infant expired. Indicators placed in our system edit low birth weight for infants of 500 grams and under; and a review board, commissioned to research deaths of children age 17 and under provides a monthly listing and information that also assists in locating and matching birth certificates to death certificates.

Although field staff uses the information to investigate and follow-up with hospitals and funeral directors in an attempt to ensure proper filing, timeliness of recording these certificates remains a serious problem.

In conducting training workshops, hospital personnel are encouraged to inform funeral directors whether an infant lived any time after delivery. Funeral directors are also encouraged to ask questions regarding the delivery status when infants are released to them.

Good communication appears to be the essential key to effectively recording these certificates. A simple response of yes or no, to an important question, "Did this infant live any time after delivery?" could assist in a more efficient and timely process of which is appropriate to file.

For more general information regarding these terms, visit the National Center for Health Statistics.

Fetal Death Quick Tips

- Determine if the case meets the definition of a fetal death versus a birth and a subsequent death of an infant.
    - A **fetal death** is defined as a **non-induced** death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy. The death is indicated by fact that after such expulsion or extraction the fetus **does not breathe or show any other evidence of life** such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

- If a delivery has resulted in a live birth, a birth certificate must always be registered, regardless of how long the newborn lives. If a newborn infant passes away, a death certificate must also be filed. If the death occurs before the child is discharged, then a death certificate must also be completed by whomever is in charge of final disposition (typically funeral home, unless gift of body/hospital disposition.)

- If a spontaneous fetal death does occur (twenty (20) completed weeks gestation or more, calculated from the date of last normal menstrual period began to the date of delivery, or a weight of three hundred fifty (350) grams or more), then a Report of Fetal Death will need to be completed. No birth certificate will be created.

- If a funeral home is involved, be sure to clarify if the death is a fetal death or if it was a live birth. There is often confusion that all infant deaths are fetal deaths. Therefore, many birth and/or death certificates go unregistered.

- Induced Termination of Pregnancy (ITOP): This is **not** a spontaneous fetal death. This is a medically induced or otherwise induced fetal death. Follow your specific hospital guidelines for reporting this type of death.

Missouri Department of Health and Senior Services
Bureau of Vital Records
Fetal Death Worksheet

For hospital use only:

Mother's Medical Record # _____ Date of Delivery _____

Mother's Name _____ Time of Delivery _____

Was this delivery a: ❑ single birth ❑ multiple birth (twins, triplets, etc.)

If multiple, this worksheet is for baby: ❑ A (first born) ❑ B (second born) ❑ C (third born) ❑ D other (specify) _____

Mother's Worksheet

We are truly sorry about the loss you have experienced. We understand that this is a difficult time for you and your loved ones. We need to ask you a few questions to assist in the completion of the official report of fetal death. State laws provide protection against the unauthorized release of identifying information from the report of fetal death to ensure confidentiality of the parents. This information may also help researchers understand some of the factors that are related to miscarriage and stillbirth. Your assistance in providing complete and accurate information is very important. We appreciate your help, especially during this very difficult time.

Please print clearly.

1. What would you like to name your child? (Last name is required.)

_____ First _____ Middle _____ Last _____ Suffix (Jr., Sr., etc.)

2. What is your current legal name?

_____ First _____ Middle _____ Last _____ Suffix (Jr., Sr., etc.)

3. What name did you use prior to your first marriage (maiden)?

❑ Same as current legal name (#2 above)

_____ First _____ Middle _____ Last _____ Suffix (Jr., Sr., etc.)

4. Where do you usually live – that is – where is your household / residence located?

State: _____ (or U.S. Territory, Canadian Province) County: _____

Complete number and street: _____ Apartment Number: _____

City: _____ ZIP Code: _____

Do you live inside the city limits of this city? ❑ Yes ❑ No

If not United States, *Country*: _____

5. What is your mailing address?

❑ Same as residence (#4 above). [Go to question #6.]

Complete number and street: _____

Apartment Number: _____ P.O. Box _____

City: _____ State: _____ ZIP Code: _____

If not United States, *Country*: _____

-questions continue on next page-

Fetal Death Mother's Worksheet

6. What is your social security number?

___ ___ ___ - ___ ___ - ___ ___ ___ ___

7. What is your date of birth? (Example: March – 4 – 1977)

_____ _____ _____
Month Day Year

8. In what State, U.S. territory, or foreign country were you born? (If Canada, include Province.)

_____

9. What is the highest level of schooling that you will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received.)

- ❑ 8th grade or less
- ❑ No diploma, 9th – 12th grade
- ❑ High school graduate or GED completed
- ❑ Some college credit, but no degree
- ❑ Associate's degree (e.g. AA, AS)
- ❑ Bachelor's degree (e.g. BA, AB, BS)
- ❑ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- ❑ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM)

10. Are you Spanish / Hispanic / Latina? If not Spanish / Hispanic / Latina, check the "No" box. If you are Spanish / Hispanic / Latina, check the appropriate box. CHECK ONLY ONE BOX.

- ❑ No, not Spanish / Hispanic / Latina
- ❑ Yes, Mexican, Mexican American, Chicana
- ❑ Yes, Puerto Rican
- ❑ Yes, Cuban
- ❑ Yes, other Spanish / Hispanic / Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian)

  Specify: _____

11. Which one or more of the following would you say is your race? CHECK ALL THAT APPLY.

- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaska Native (specify tribe) _____
- ❑ Asian Indian
- ❑ Chinese
- ❑ Filipino
- ❑ Japanese
- ❑ Korean
- ❑ Vietnamese
- ❑ Other Asian (specify) _____
- ❑ Native Hawaiian
- ❑ Guamanian or Chamorro
- ❑ Samoan
- ❑ Other Pacific Islander (specify) _____
- ❑ Other (specify) _____

12. Mother participated during pregnancy? (**Please answer both A & B.**)

12A. WIC? ❑ Yes ❑ No ❑ Don't know **12B**. Food Stamp Program? ❑ Yes ❑ No ❑ Don't know

13. What is your height?

_____ feet _____ inches

14. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this baby?

_____ pounds

-questions continue on next page-

Fetal Death Mother's Worksheet

15. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If none, enter "0".

	# of cigarettes	OR	# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

16. Were you married at delivery, conception or anytime between?

- ❑ **Yes**
- ❑ **No**

17. What is the current legal name of the baby's father?

_____ First _____ Middle _____ Last _____ Suffix

18. What is the father's date of birth? (Example: March – 4 – 1977)

_____ Month _____ Day _____ Year

19. In what State, U.S. territory, or foreign country was the father born? (If Canada, include Province.)

_____

Signature of person completing this form _____ Date _____

Thank you for completing this worksheet at this very difficult time. The information you have provided is very important; it will be used by researchers to better understand factors related to miscarriage and stillbirth and lead to improved prevention strategies for the future.

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

MISSOURI FETAL DEATH FACILITY WORKSHEET

MOTHER'S MEDICAL RECORD #	MOTHER'S NAME	
DATE OF DELIVERY	PLURALITY	BIRTH ORDER

Questions 1-4 are not shown on this worksheet. These fields are default hospital information stored in the MoEVR program.

PRENATAL

5. Place of delivery:

- ☐ Hospital
- ☐ Freestanding birthing center
- ☐ Home birth
  Planned to deliver at home? ☐ Yes ☐ No
- ☐ Clinic/Doctor's Office
- ☐ En route
- ☐ Other (specify) _____

6(a). Date of first prenatal care visit

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

☐ No prenatal care

6(b). Date of last prenatal care visit

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

7. Total number of prenatal care visits for this pregnancy

_____ Number ☐ No visits

8. Date last normal menses began

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

9. Number of previous live births now living

_____ Number ☐ None

10. Number of previous live births now dead

_____ Number ☐ None

11. Date of last live birth

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

12. Total number of other pregnancy outcomes

_____ Number ☐ None

13. Date of last other pregnancy outcome

__ __ / __ __ __ __
M M Y Y Y Y

14. Risk factors in this pregnancy (*check ALL that apply*)

Diabetes: (specify)
- ☐ Prepregnancy
- ☐ Gestational
- ☐ Insulin Dependent

Hypertension: (specify)
- ☐ Prepregnancy
- ☐ Gestational
- ☐ Eclampsia

- ☐ Previous preterm births
- ☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- ☐ Pregnancy resulted from infertility treatment; if YES, check all that apply:
  - ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
  - ☐ Assisted reproductive technology
- ☐ Mother had a previous cesarean delivery; if YES, how many? _____
- ☐ None of the above

15. Infections present and/or treated during this pregnancy– *check ALL that apply*

- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ HIV
- ☐ Hepatitis C
- ☐ Hepatitis B
- ☐ Listeria (LM)
- ☐ Group B Steptococcus (GBS)
- ☐ Cytomegalovirus (CMV)
- ☐ Parvovirus (B19)
- ☐ Toxoplasmosis (TOXO)
- ☐ Zika Virus
- ☐ None of the above
- ☐ Other (specify) _____

-continued on next page-

MISSOURI FETAL DEATH FACILITY WORKSHEET

LABOR AND DELIVERY

16. Mother's weight at delivery
_____ pounds

17. Characteristics of labor and delivery - *check ALL that apply*
☐ Induction of labor

18. Method of delivery
A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☐ No
B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☐ No
C. Fetal presentation at birth - *check ONE:*
☐ Cephalic ☐ Breech ☐ Other
D. Final route and method of delivery - *check ONE:*
☐ Vaginal / Spontaneous
☐ Vaginal / Forceps
☐ Vaginal / Vacuum
☐ Cesarean: if yes, was a trial of labor attempted?
☐ Yes ☐ No
E. Hysterotomy/Hysterectomy? ☐ Yes ☐ No

19. Maternal morbidity - ***check ALL that apply***
☐ Maternal transfusion
☐ Third or fourth degree perineal laceration
☐ Ruptured uterus
☐ Unplanned hysterectomy
☐ Admission to intensive care unit
☐ Unplanned operating room procedure following delivery
☐ None of the above

20. Attendant (individual physically present at the delivery who is responsible for the delivery):
Name: _____
NPI: _____
Title: ☐ MD ☐ DO ☐ CNM/CM ☐ CPM ☐ Other midwife
☐ Other (specify) _____

21. Was the mother transferred to this facility for maternal medical or fetal indications for delivery? ☐ Yes ☐ No
If yes, enter the name of the facility mother transferred from:
_____

22. Principal source of payment for this delivery (at time of delivery):
☐ Private insurance
☐ Medicaid
☐ Self-pay
☐ Other (specify) _____

FETUS

23. Date of delivery:
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

24. Time of delivery: _____ ☐ a.m. ☐ p.m.

25. Weight of fetus: _____ **grams** or _____ **lb/oz**

26. Obstetric est. of gestation at delivery (comp wks): _____

27. Sex: ☐ Male ☐ Female ☐ Undetermined

28. Plurality (single, twin, triplet, etc.): _____

29. If not single birth, order delivered in the pregnancy: _____ **and number of fetal deaths in this delivery** _____

30. Congenital anomalies of the newborn - ***check ALL that apply***
☐ Anencephaly
☐ Microcephaly
☐ Meningomyelocele/Spina bifida
☐ Cyanotic congenital heart disease
☐ Congenital diaphragmatic hernia
☐ Omphalocele
☐ Gastroschisis
☐ Limb reduction defect
☐ Cleft lip with or without cleft palate
☐ Cleft palate alone
☐ Down Syndrome:
☐ Karyotype confirmed ☐ Karyotype pending
☐ Other chromosomal disorder:
☐ Karyotype confirmed ☐ Karyotype pending
☐ Hypospadias
☐ None
☐ Other (specify) _____

31. Method of disposition
☐ Burial
☐ Cremation
☐ Hospital Disposition
☐ Donation
☐ Removal from State
☐ Other (specify) _____

32. Cemetery
Name: _____
Location: _____
City or Town
_____
State

33. Date of disposition
__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

34. Disposition facility:
Name: _____
Number & Street: _____
City or Town: _____
State: _____ Zip: _____

-continued on next page-

MISSOURI FETAL DEATH FACILITY WORKSHEET

CAUSE OF DEATH

Causes/Conditions Contributing to Fetal Death:
Previous questions collected details on anomalies, morbidities, and risk factors known to be present for this patient and the fetus. The purpose of the next section is to get a description of those conditions that, in your opinion, contributed to the fetal death. Please report any condition judged to be a cause of death even if it has been reported elsewhere on the worksheet.

35. Initiating Cause/Condition:
Among the choices below, please select the ONE which most likely began the sequence of events resulting in the death of the fetus. If it is not clear to you where to report a condition, write it on the "(Specify)" line that seems most appropriate.

Maternal Conditions/Diseases

(specify) _____

_____

Complications of Placenta, Cord or Membranes

- ☐ Rupture of membranes prior to onset of labor
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed Cord
- ☐ Chorioamnionitis
- ☐ Other (specify) _____

Other Obstetrical or Pregnancy Complications

(Specify) _____

_____

Fetal Anomaly

(Specify) _____

_____

Fetal Injury

(Specify) _____

_____

Fetal Infection

(Specify) _____

_____

Other Fetal Conditions/Disorders

(Specify) _____

_____

☐ Unknown

36. Other Significant Causes or Conditions: Select or specify all other conditions contributing to death in Item 35.

Maternal Conditions/Diseases

(specify) _____

_____

Complications of Placenta, Cord or Membranes

- ☐ Rupture of membranes prior to onset of labor
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed Cord
- ☐ Chorioamnionitis
- ☐ Other (specify) _____

Other Obstetrical or Pregnancy Complications

(Specify) _____

_____

Fetal Anomaly

(Specify) _____

_____

Fetal Injury

(Specify) _____

_____

Fetal Infection

(Specify) _____

_____

Other Fetal Conditions/Disorders

(Specify) _____

_____

☐ Unknown

37. Was an autopsy performed?
☐ Yes ☐ No ☐ Planned

38. Was a histological placental examination performed?
☐ Yes ☐ No ☐ Planned

39. Were autopsy or histological placental examination results used in determining the cause of fetal death?
☐ Yes ☐ No

40. Estimated time of fetal death

- ☐ Dead at time of first assessment, no labor ongoing
- ☐ Dead at time of first assessment, labor ongoing
- ☐ Died during labor, after first assessment
- ☐ Unknown time of fetal death

Induced Termination of Pregnancy (ITOP)

An induced termination of pregnancy (ITOP), also known as an abortion, is defined as the **intentional** destruction of life of an embryo or fetus in his or her mother's womb or the **intentional** termination of pregnancy of a mother with an intention other than to increase the probability of a live birth or to remove a dead or dying unborn child. This events are **not** registered in the Missouri Electronic Vital Records (MoEVR) system. **Follow your specific hospital guidelines for reporting this type of death.**

Information received from the Report of Induced Termination of Pregnancy and the Complication Report for Post-Abortion Care are confidential, only used for statistical purposes, and to preserve maternal health and life by adding to the sum of medical knowledge through the compilation of relevant maternal health and life data and to monitor all abortions performed to assure that they are done only under and in accordance with the provisions of the law.

Safe Haven Baby

As outlined in 210.950, RSMo, the "Safe Place for Newborns Act of 2002" was created in Missouri law to protect newborn children from injury and death caused by abandonment by a parent and to provide safe and secure alternatives to such abandonment. When the "Safe Haven" statute has been enacted by a mother, **a birth certificate must still be registered** using the foundling option box in MoEVR, combined with whatever information is available at the time of registration, and indicating unknowns where necessary to complete the birth certificate.

Since future adoption is common of safe haven babies, the birth mother may want to complete a birth parent contact preference form so she can determine whether she wants identifying information released in the future.

Vital Records Frequently Asked Questions (FAQs)

A list of answers to the most commonly asked vital records questions can be found at: https://health.mo.gov/data/vitalrecords/faqs.php

If you have additional questions, feel free to reach out to the Bureau of Vital Records via email at VitalRecordsInfo@health.mo.gov or call 573-751-6387.

Instructions for Correcting a Birth, Death, or Fetal Death Certificate by an Affidavit for Correction

PRINT or **TYPE** all information identifying the certificate and the item(s) to be corrected. The original and fully completed affidavit (not a copy) must be submitted and be free of erasures, write-overs, and/or white-out. Some items are related and correcting one item may require the correction of other related items.

The following information is general guidance for completing an Affidavit for Correction (correction affidavit). **For additional instructions**, see 19 CSR 10-10 or contact the Bureau of Vital Records at 573-751-6387.

Fees

There is no fee to process a correction affidavit. Processing a court order requires a $15.00 fee. For any new copies of the revised certificate, the standard $15.00 fee per birth certificate or fetal death/still birth and $14.00 fee ($11 additional copies) per death certificate will apply.

Notary

All affidavits must always be signed in the presence of a notary public by an individual legally authorized, per 19 CSR 10-10, to make the correction.

Who Can Amend a Vital Record

To amend a **birth certificate**, depending on what is being corrected, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. The mother's first, middle, and maiden name on a birth record can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office. The **medical information** on a birth certificate can be changed **only** by the medical certifier or personnel of the institution responsible for filing the certificate. For additional birth correction information, see 19 CSR 10-10.

To amend a **death certificate** by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name, decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see 19 CSR 10-10.110, paragraph (2)(A)8), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The **medical**

information on a death certificate can be changed **only** by the medical certifier, coroner, or medical examiner who certified the cause of death. A funeral director or other person acting as such cannot change medical information.

To amend a **fetal death/still birth certificate**, application may be made by informant, coroner, medical examiner, or personnel from the hospital, clinic, or funeral home who prepared the certificate. Except for medical information, the amendment process is the same as for a birth or death certificate. The **medical information** can be changed **only** by the medical certifier, coroner, medical examiner, or personnel of the institution responsible for filing the certificate. **Cause of death information** can be changed **only** by the medical certifier, coroner, or medical examiner. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

Documentary Evidence

To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Generally, original documents are not required and copies/photocopies are acceptable. However, some changes require a certified copy of the documentation.

The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least **five (5) years** prior to the date of application for the amendment.

A filed document is defined as a record which is **permanently maintained** by an agency, organization, or business and is accessible for verification at a later date. The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Suggested Documents

The following list of suggested documents are possible examples. Other similar documents may also be acceptable. Not all suggested documents may be acceptable for all types of corrections.

- Church Record/Baptismal Record
- Prenatal Records
- School Enrollment Record
- U.S. Passport
- U.S. Census Record
- Physician/Hospital Record
- Social Security Card and/or Numident Form
- Insurance Policy
- W-2, I-9, or Similar Employment Record
- Military Record
- Voter ID Registration Card
- Certified Copy of Parent's Birth Certificate
- Certified Copy of Marriage Certificate or Statement
- Bank Statements

- State and/or Federal Tax Return
- Driver's License
- Mother's Worksheet
- Facility Worksheet

Court Orders

Major deficiencies on individual vital records shall be corrected by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent jurisdiction directing them to make the desired correction. The order shall identify the record(s) as presently filed and direct the bureau as to the items to be corrected, amended, or changed.

Major deficiencies specifically requiring a court order are those that:

1. Amend year of birth on a birth record;

2. Amend a previously amended birth record corrected by court order, adoption, or legitimation;

3. Amend an item previously amended by affidavit;

4. Amend the date of birth on a birth record when adequate documentation before the eleventh birthday is not available;

5. Completely change the mother's name on a birth record;

6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;

7. Change, on the birth record, the surname of the registrant or the surname of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;

8. Change, on the death record, the surname of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;

9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;

10. Amend a written signature (amended signature will be typed);

11. Delete father's name on a legitimate birth record.

- To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race, Social Security number, and the natural mother's date of birth and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed to the father's name, the order also shall indicate the name change.

Processing a Correction

The original certificate/office working copy of the birth, death, or fetal death shall have the

correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.

Save | Print | Reset

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH, OR FETAL DEATH RECORD

STATE FILE NUMBER: Completed by State

STEP 1 - REVIEW INSTRUCTIONS

PRINT or **TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by [illegible] CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 930 Wildwood, P.O. Box 570, Jefferson City, MO 651[illegible]**

SAMPLE

Provide information on the current vital record

[illegible] requirements will be rejected. [illegible] related [illegible] one item may require the correction of other related [illegible] classified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies [illegible] correct.

For more information on how to correct a vital record, see reverse for instructions, visit: http://www.health.mo.gov/vitalrecords, or call 573-751-6387.

STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT

SELECT ONE:	FULL NAME ON RECORD FIRST	MIDDLE	LAST	DATE OF BIRTH OR DEATH MONTH	DAY	YEAR	SELECT ONE:
☐ BIRTH ☑ DEATH ☐ FETAL DEATH	JOHN	DOE	SMITH	01	01	2021	☐ FEMALE ☑ MALE ☐ UNKNOWN

STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")

ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
#33	PENDING INVESTIGATION	NATURAL
CERTIFIER'S MAILING ADDRESS	123 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101	321 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101
#28A. #28B.	MYOCARDIAL INFARCTION BLANK	ACUTE RESPIRATORY DISTRESS SYNDROME PNEUMONIA
#28C. #28 PART II	BLANK BLANK	COVID-19 ISCHEMIC STROKE

Method 1 – For shorter correction (Completed on one line)

Method 2 – For longer correction (Completed on two lines)

Method 3 – For several corrections (Two corrections in each box)

STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)

AFFIANT'S FULL NAME FIRST	MIDDLE	LAST	RELATIONSHIP TO REGISTRANT
SUSAN	ANN	SMITH	MEDICAL EXAMINER

AFFIANT'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX	CITY	STATE	ZIP	AFFIANT'S PHONE NUMBER
321 WEST MAIN STREET	JEFFERSON CITY	MISSOURI	65101	(573) 751-6387

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY) — DATE (MM/DD/YYYY): 01/15/2021

Dates must match

Must be signed in the presence of a notary

NOTARY PUBLIC [illegible] BOSSER SEAL

STATE: MISSOURI

COUNTY: COLE

SUBSCRIBED AND SWORN BEFORE ME, THIS 15 DAY OF JANUARY 20 21

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE [illegible] MY COMMISSION

NOTARY PUBLIC NAME [illegible]: JANE SMITH

Completed by Notary

FOR STATE USE ONLY

DATE PROCESSED	☐ APPROVED ☐ REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY
DATE PROCESSED	☐ APPROVED ☐ REJECTED	
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY

Completed by State

MO 580-0645 (3-2021) SEE REVERSE FOR INSTRUCTIONS VS-460

Save Print Reset

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH, OR FETAL DEATH RECORD

STATE FILE NUMBER

STEP 1 - REVIEW INSTRUCTIONS

PRINT or **TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**

Affidavits that do not meet these requirements will be **rejected**. Some items are related and correcting one item may require the correction of other related items. Some corrections are classified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies require a certified court order to correct.

For more information on how to correct a vital record, see reverse for instructions, visit: http://www.health.mo.gov/vitalrecords, or call 573-751-6387.

STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT

SELECT ONE:	FULL NAME ON RECORD			DATE OF BIRTH OR DEATH			SELECT ONE:
☐ BIRTH ☐ DEATH ☐ FETAL DEATH	FIRST	MIDDLE	LAST	MONTH	DAY	YEAR	☐ FEMALE ☐ MALE ☐ UNKNOWN

STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")

ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ

STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)

AFFIANT'S FULL NAME FIRST	MIDDLE	LAST	RELATIONSHIP TO REGISTRANT

AFFIANT'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX	CITY	STATE	ZIP	AFFIANT'S PHONE NUMBER

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)	DATE (MM/DD/YYYY)

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE — MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR STATE USE ONLY

DATE PROCESSED	☐ APPROVED ☐ REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY
DATE PROCESSED	☐ APPROVED ☐ REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY

MO 580-0645 (3-2021) SEE REVERSE FOR INSTRUCTIONS VS-460

Training & Resources

Website for MoEVR Login: https://moevr.dhss.mo.gov/

Links & Information on this document can be found at:
https://health.mo.gov/data/vitalrecords/training/index.php

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.

Module 1: Medical Certifier Rules and Regulations Training
Module 2: MoEVR Login & Password Reset
Module 3: MoEVR Medical Certification Process
Module 4: Death Certificate Affidavit of Correction and Query Letters
Module 5: MoEVR Knowledge Check

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4**.

According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the comprehensive training and instructional materials made available by the National Center for Health Statistics.

Bureau of Vital Records Contact List

930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109 www.health.mo.gov/vitalrecords

TEAM MEMBER	TITLE/SERVICE AREA	PHONE	EMAIL
Dylan R. Bryant, MPA	State Registrar & Chief	573-751-6458 573-526-1511	dylan.bryant@health.mo.gov
Lani De La Garza	Deputy Chief	573-526-4717	lani.delagarza@health.mo.gov
Sebastian Starrett	Public Health Program Specialist - North Region	573-751-6375	sebastian.starrett@health.mo.gov
Lori Keeney	Public Health Program Specialist - East Region	573-522-9118	lori.keeney@health.mo.gov
Cherie Snellen	Public Health Program Specialist - South Region	573-751-6376	cherie.snellen@health.mo.gov
Kimberly (Kim) Cisneros	Public Health Program Specialist - West Region	573-526-2786	kimberly.cisneros@health.mo.gov

Bureau of Vital Records Main Line		573-751-6387	VitalRecordsInfo@health.mo.gov
Certification Unit	Issues Vital Records	573-751-6387, Opt 1	VitalRecordsInfo@health.mo.gov
Amendment Unit	Corrects Vital Records	573-751-6387, Opt 2	VitalRecordsInfo@health.mo.gov
Central Processing Unit	Registers Vital Records	573-751-6387, Opt 3	VitalRecordsInfo@health.mo.gov
Public Health Program Specialists	MoEVR/Stakeholder Support	573-751-6387, Opt 4	MoEVRsupport@health.mo.gov
LPHA/County Dedicated Email Support (15 minute response time)			VitalRecordsSupport@health.mo.gov

ITSD	PROD/TN 3270 Help Desk	573-751-6388

To Order Supplies:	Fax request on agency letterhead or email	FAX: 573-526-3846 Email: VitalRecordsSupport@health.mo.gov

Public Health Program Specialists Region Map

Bureau of Vital Records
930 Wildwood Drive
Jefferson City, MO 65109
573-751-6387, Option 4
www.health.mo.gov/vitalrecords

Sebastian Starrett
Senior Public Health Program Specialist
North Region
573-751-6375
sebastian.starrett@health.mo.gov

Lori Keeney
Public Health Program Specialist
East Region
573-522-9118
lori.keeney@health.mo.gov

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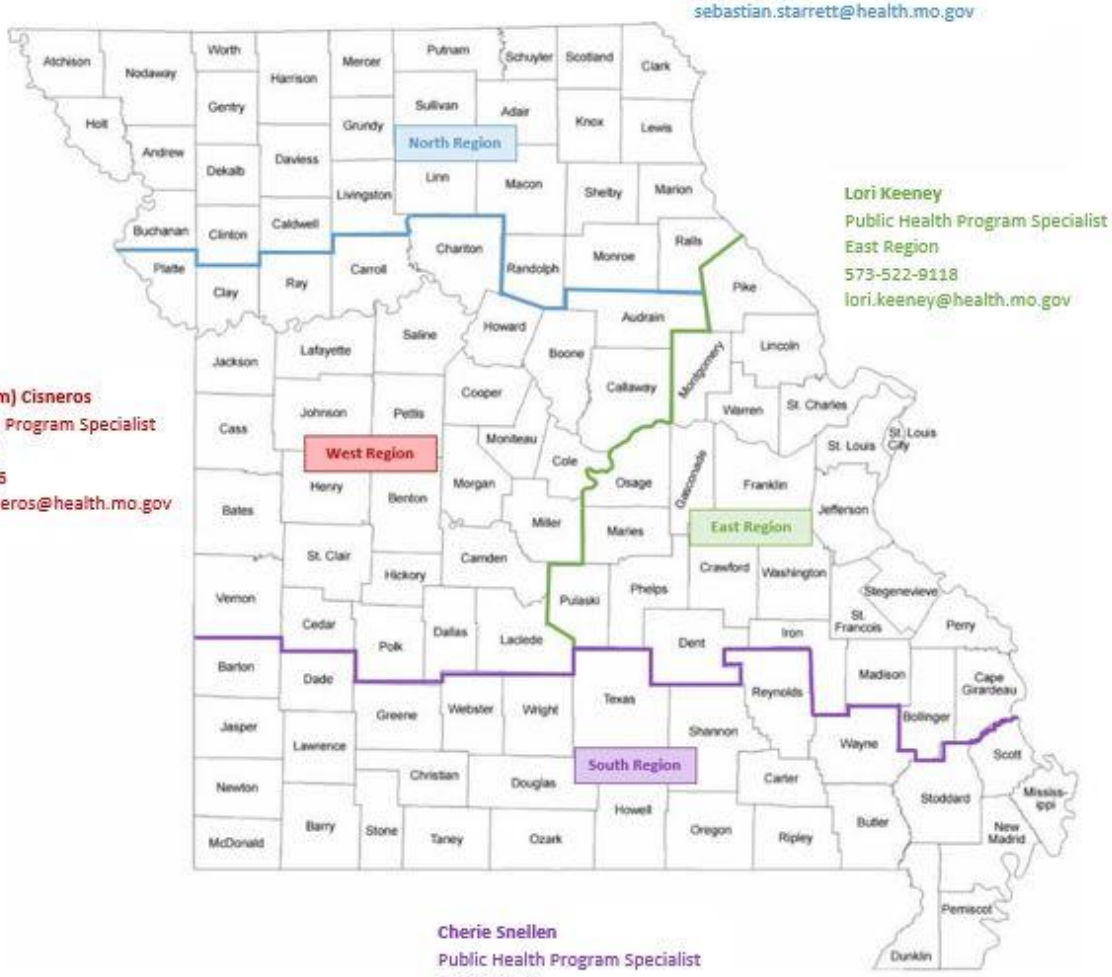

NORTH REGION		EAST REGION		SOUTH REGION		WEST REGION	
Sebastian Starrett		Lori Keeney		Cherie Snellen		Kimberly (Kim) Cisneros	
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ADAIR	1	BOLLINGER	17	BARRY	9	AUDRAIN	7
ANDREW	3	CAPE GIRARDEAU	31	BARTON	11	BATES	13
ATCHISON	5	CRAWFORD	55	BUTLER	23	BENTON	15
BUCHANAN	21	DENT	65	CARTER	35	BOONE	19
CALDWELL	25	FRANKLIN	71	CHRISTIAN	43	CALLAWAY	27
CLARK	45	GASCONADE	73	DADE	57	CAMDEN	29
CLINTON	49	IRON	93	DOUGLAS	67	CARROLL	33
DAVIESS	61	JEFFERSON	99	DUNKLIN	69	CASS	37
DEKALB	63	LINCOLN	113	GREENE	77	CEDAR	39
GENTRY	75	MADISON	123	HOWELL	91	CHARITON	41
GRUNDY	79	MARIES	125	JASPER	97	CLAY	47
HARRISON	81	MONTGOMERY	139	JOPLIN CITY		COLE	51
HOLT	87	OSAGE	151	LAWRENCE	109	COOPER	53
KNOX	103	PERRY	157	MCDONALD	119	DALLAS	59
LEWIS	111	PHELPS	161	MISSISSIPPI	133	HENRY	83
LINN	115	PIKE	163	NEW MADRID	143	HICKORY	85
LIVINGSTON	117	PULASKI	169	NEWTON	145	HOWARD	89
MACON	121	ST CHARLES	183	OREGON	149	JACKSON	95
MARION	127	ST FRANCOIS	187	OZARK	153	JOHNSON	101
MERCER	129	ST LOUIS	189	PEMISCOT	155	KANSAS CITY	
MONROE	137	ST LOUIS CITY	510	REYNOLDS	179	LACLEDE	105
NODAWAY	147	STE GENEVIEVE	193	RIPLEY	181	LAFAYETTE	107
PUTNAM	171	WARREN	219	SCOTT	201	MILLER	131
RALLS	173	WASHINGTON	221	SHANNON	203	MONITEAU	135
RANDOLPH	175			STODDARD	207	MORGAN	141
SCHUYLER	197			STONE	209	PETTIS	159
SCOTLAND	199			TANEY	213	PLATTE	165
SHELBY	205			TEXAS	215	POLK	167
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WORTH	227			WEBSTER	225	ST CLAIR	185
				WRIGHT	229	SALINE	195
						VERNON	217

Bureau of Vital Records Training Evaluation

I was trained today by: _____

1. Please rate the training you received today:

   Excellent Above Average Average Below Average Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

   Yes Somewhat No

   Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

   Yes Somewhat No

   Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?